

Memorial Hospital Lafayette County 'MHLC'
Wednesday, May 22, 2013
MHLC Conference Room
Minutes from Monthly MHLC Committee Meeting

Present: MHLC Chairperson Bill Moody- County Supervisors Wayne Wilson, Bob Boyle, Ron Niemann, Connie Hull, Medical Director Matt Solverson; CEO Julie Chikowski; CFO Marie Wamsley; DON Kathy Ruef; Business Office Manager Deb Krahenbuhl

I. Call to Order

Chair Moody called the meeting to order at 8:30 am.

II. Posting

Chair Moody asked if the meeting had been properly posted. CFO Wamsley reported that the meeting had been posted with notices at the Hospital, Health Department, Court House, County Website, and the local Newspapers. Chair Moody declared the meeting to be legal.

III. Approval of Agenda - Discussion and possible action requested

Chair Moody presented the agenda and inquired if there were any changes. Ms. Chikowski stated there were no changes. Mr. Niemann made a motion, seconded by Mr. Wilson to approve the agenda as presented. Voice Vote, Motion passed unanimously.

IV. Minutes – Discussion and possible action requested

Ms. Wilson made a motion and seconded by Mr. Niemann to approve minutes from the April 22, 2013 Memorial Hospital of Lafayette County Hospital board meeting as presented. General discussions, Voice Vote, motion passed unanimously with the changes noted.

V. Financial Report:

1. CFO Wamsley presented the financial reports with the following highlights:

Exhibit 5 – Income statement/Departmental Income Statement – In discussion with the finance department, everything has been posted for April expenses, including the prepaid insurance and payroll accruals. Total Inpatient Revenue is up for the month of April as compared to 2012, this makes the year to date comparable to 2012 and slightly higher than budget. Total Operating Room Revenue is showing a very good increase in the month of April, 2013 and it is expected this will continue to increase. Therapy and Rehab is also showing increases for the month of April. Radiology and Lab are down on the inpatient side but have shown good increases on the outpatient side. The Emergency Room continues to see revenue increases into April. April is showing a \$234,210 YTD profit after the transfer of \$104,336 to the County General Fund. Year to date Operating Margin percentage is approximately 4.776%. Ms. Chikowski noted that an updated 2013 budget will be coming when we present the 2014 budget, as well.

Wages & Fringes – April year to date wages and fringes report was presented.

Exhibit 4 – Balance Sheet – Cash as of April 30, 2013 is showing \$1,365,916. The Accounts Receivable balance, as of April 30, 2013 is at \$2,947,758. Long Term Debt is down to \$278,418.

Exhibit 3 – Aged Accounts Receivable - The net days outstanding in accounts receivable is 48.05 days, with 62.54% of accounts receivable being in the 0-30 days outstanding, and 15.63 in

Memorial Hospital Lafayette County 'MHLC'
Wednesday, May 22, 2013
MHLC Conference Room

Minutes from Monthly MHLC Committee Meeting

the 31-60 days. Currently for the month of April \$445,192 is greater than 90 days old, which is down by \$43,673 from the previous month.

Mr. Wilson made a motion and seconded by Mr. Boyle to accept the Financial Report as presented – Other General Discussions - Voice Vote, Motion Passed Unanimously.

Utilization Report – Discussion and possible action

Exhibit 2 – Acute Inpatient days for the month of April were up from 2012. Surgical cases were also up in April 2013 compared to 2012 and continue to show increases into May. The Rehab Departments are up for the month of April, 2013 compared to 2012. Radiology and Laboratory Departments continue to show good increases with the continued increases in the Emergency Room. Outpatient Clinic visits remains steady. The Emergency Room continues to be busy, with 88 more patients YTD in 2013 compared to 2012. Observation continues to show increases into April, 2013 as compared to 2012. Ms. Chikowski added that Medicare drives the Observation increases.

VI. Personnel – discussion and possible action requested.

1. Staff Updates:

- Ms. Chikowski brought it to the attention of the board and would like to recognize Joan Wasley, a CNA who recently received her LPN at SWTC – she would like to commend her.
- 2 RN's received their BSN at Viterbo – Cassie Prine & Juanita Agudelo-Salamanca – she also wanted to recognize their efforts.
- Have hired a part time non-benefit CNA, Elena Wiegel as a replacement.
- One RN that was still on probation was here for 5 months and now needs to be replaced.
- County Board voted that we do not have to get permission to hire replacements – Ms. Chikowski thanked the Board for their support.
- Negotiations: AFSME Union Hospital & Manor: There will be a first meeting with the Rep – this is an initial meeting. Solverson said that we need to keep wages competitive at Hospital to retain the current staff. Nursing: Kathy said that maybe we could take a look at the previous proposal that was put on hold regarding this. Ms. Chikowski stated that this will be reviewed at budget time. HR meeting will be on 6/29/13. General discussions continued.

2. **April Overtime Report** – Ms. Chikowski handed out the Overtime Report for the month of April. The board asked that she go through each OT slip and out of respect she did, but it took her 3 hours to go through these slips– it is basically a clerical function and she feels that it would be a better use of her time if her managers were to analyze their staff and then come to her with issues. She works very closely with her managers as well and will oversee their overtime. After a general discussion Mr. Moody stated it was ok to have Managers review & sign off on their staff & Julie to review & sign all the managers OT slips. Ms. Hull asked if OR could flex their hours as they are getting a lot of OT reviewing charts, long days and meetings – Kathy Ruef explained that Mary Roelli's hours are still allocated to OR & ER – she explained the details. General Surgery days are 2 days per week & have been longer days. Ms. Chikowski's plan for July to come with 5 managers to go to salaried positions. It will eliminate a great deal of overtime. Everyone agreed that this would make a significant difference.

Memorial Hospital Lafayette County 'MHLC'
 Wednesday, May 22, 2013
 MHLC Conference Room

Minutes from Monthly MHLC Committee Meeting

3. **Pharmacy Recruitment:** Update: Ms. Chikowski stated that she had brought this to the board's attention last month and asked for 30-60 days of orientation for a new pharmacist. They have since revamped that thought process and met with a pharmacy consultant – and the plan is to start the recruitment process for a full time pharmacist. As of June 1st afterhours pharmacy has been discontinued with Rural Wisconsin Coop because the needs are not being met – it is \$40,000 per year. Kathy explained the coverage detail – it ends up to be very minimal coverage and we weren't getting what we need when we need it. We have a consultant pharmacist from Dodgeville, Mike Peterson who has assisted to revamp the plan –would like to start recruiting now – looking at what experience level and other things we need – bring new pharmacist in 2 weeks prior to start date and work with Jim Lubinski for a week to understand our process at MHLC and go shadow Mr. Peterson at Upland Hills because they use HMS and use the same kind of systems and get some of the oversights built in. They would show him the structure that Upland Hills uses. We would like to implement the pharmacist going out on the floor, rounding with the physicians. Then bring Mr. Peterson back – so basically going from a 60 day orientation to a 3 week orientation and using the consultant pharmacist more. There is some initial planning to include the Manor – but it will be a process. We need to have someone who is open to doing long term care as well. General discussion continued.
4. **Dress Code:** Ms. Chikowski: We are bringing it to the Manor and to the Hospital, that non-housekeeping, non-kitchen, non-patient care staff would like permission to wear open toed shoes with no hose. We have separate dress codes per dept. The hospital has its own. Brief discussion it was decided that there was no need to motion but are just to make the board members aware of the change.
5. **Therapy Department/PTA Position:** Ms. Chikowski said they are working on making significant changes to the Therapy Department structure. There is a contract the RWHC for management services. We have no PTA's (physical therapy assistants). Currently we have a CNA who is in the process of graduating as PTA. Ms. Chikowski stated she would like to add a PTA to the staff as an employee. She has given RWHC and therapy staff notice that MHLC will be discontinuing their manager services for the Therapy Department and they will now be reporting directly to me. In the process of meeting with Mary Jon at the Coop and Krisann Karls, who is also the speech therapist, it was noted that she is a fabulous speech therapist, and MHLC will be retaining her as a speech therapist, but Ms. Chikowski has given her 60-90 days' notice that she will no longer be managing the Therapy dept. Ms. Chikowski will oversee the operations and will need to look at a staffing coordinator. Ms. Chikowski will not be doing scheduling or those kinds of things, but will be having the staff report directly to her. Looking at therapy volume by department, specifically Respiratory Therapy. Look at production requirements – MHLC has great therapists, she is not sure if we need that many. She is also looking at contracts with Birth to Three, with schools, and how many therapists we actually need per department. We can hire a PTA in house and have a therapist do the initial evaluations and instead of paying the therapist \$64/hour a PTA would be approximately \$16.50/hour. Also, she would like to look at hiring a certified occupational therapy assistant (COTA) going forward as well. General discussion continued – looking at this department by department. It will take some time to come up with a plan.
6. **Non-benefit, Part-time CNA:** Kathy Ruef, DON: Hired one already, but will need to look at what the needs are after the CNA that is becoming a PTA moves into a different position. There is also an LPN in house – need to find out what her long term goals are before moving forward with hiring. General discussion continued.
7. **Staffing Coordinator – New Position:** Informational only. Meeting with Mary Jon Haag RWHC and Krisann Karls to take a look at what needs are for someone to coordinate this department. We paid \$50,000 last year for therapy management.

Memorial Hospital Lafayette County 'MHLC'
 Wednesday, May 22, 2013
 MHLC Conference Room

Minutes from Monthly MHLC Committee Meeting

8. **RN – Replacement:** Informational only. Many changes happening moving forward – moving shifts/staff in the future with cardiac rehab, etc. Dialysis Unit has also recently changed – we have had the same patients for a long time and then all of a sudden we have potentially 4 new patients. Staff nurse hours move to dialysis the result is opening up some hours on the floor. Potentially we might come next month and ask for more hours next month.

VII. No need to go into closed session at this time. Still in conversations with the Coop to determine future needs in therapy department.

VIII. Medical Staff Report – Discussion and possible action

Dr. Solverson – nothing new - no changes. They had a resident with them for a few weeks Dr. Karantonis. EMR – same as before – will start 1st part of August or end of July. Dr. Bernardoni is completely retired. Patient numbers are stable – still looking for another provider.

VIII Management Report – discussion and possible action

1. New Business:

- a. **IT Request:** Marie: The Rehab dept. has a required (by Medicare) survey that all initial evaluations need to complete. They decided that iPads would be the best solution, but then at the IT committee other options were suggested that would work at considerably less cost – Jason found a 7 "Samsung Galaxy for \$183.99 - 2 would be \$367.98. The amount budgeted was \$850. Marie is asking for approval for the \$367.98. After a brief discussion the Motion was made by Mr. Niemann and seconded by Mr. Boyle to approve up to \$450 to include protective covers. Voice Vote, motion passed unanimously.
- b. **Pay for Performance:** Ms. Chikowski gave an update for the 1st Qtr 2013 Dean Pay for Performance check for \$4,513.09 for meeting quality pay for performance measures. E HR Meaningful Use – Overtime with the implementation and build of the cost associated.
- c. **OR Laptop Replacement–** Laptop that screen was a mess and needed to be replaced not in budget, cost not known, yet, but we just purchased one a couple of months ago and it was about \$700.00. General discussion. Replacement is a management decision and does not need approval. Motion by Mr. Wilson seconded by Mr. Boyle to approve emergency replacement of IT equipment with the approval/review of the County IT Coordinator. Voice Vote, motion passed.

2. Old Business:

- a. **Generator:** Ms. Chikowski: Mr. Jim Pahnke has been working with Tuescher Electric and he has not responded so Mr. Pahnke has been in contact with the distributor, he actually installs and maintains the generators. Ms. Chikowski will bring information back to the next meeting.
- b. **Dept. Moves Update:** Ms. Chikowski gave an update:
 - Jason is planning to have the IT work done at the Manor by the end of July so the Business Office can be moved by the end of September. HIM will be moved to the Business Office by end of the year.
 - Would like to start working on Outpatient Clinic build out by the end of the year.

Memorial Hospital Lafayette County 'MHLC'
Wednesday, May 22, 2013
MHLC Conference Room

Minutes from Monthly MHLC Committee Meeting

- Color Run: fundraiser for the Outpatient Clinic Expansion Project will be held August 4. Foundation is sponsoring it; Lion's Club is sponsoring the food. There will be a DJ & beer tent – they are hoping to raise \$10,000. Nice to see community support for the hospital. General discussion continued.
- Plan to have a builder come in and take a look at the HIM/Medical Records space and to come up with a plan for the Outpatient Clinic Expansion.

c. OB Recruitment:

- Recruitment – continue work on this.
- Families First working very diligently and making a change to the way we reach out to the families in the area communities and we are contacting them during the first trimester to build a relationship up front– engage them so they will continue coming back to our facility.
- Not seeing any new opportunities from Dean, Monroe or Meriter.
- Upland Hills is supplying some Gynecology coverage – very limited. They are not interested in providing C-section coverage.
- **Ms. Wamsley had to leave meeting.
- C-section coverage – Dr. Neumann & Dr. Lucas only – 24 hour coverage – big time commitment. General discussion.
- We have a couple of phone calls out to Platteville who are close to getting an OB/GYN and have not heard back anything yet. Connie Hull will follow-up with the appropriate administrative staff from Platteville.

d. Phase II Meaningful Use: Ms. Chikowski:

- MHLC is moving forward – it has been approved to sign the contract – the contract is being signed and moving forward. Ms. Chikowski will keep the Board updated as things continue to develop and will be tracking time on the build and on the implementation we will be seeing some additional time on this– and expect to see a nice return on the investment.

X Audit of Bills

The bills were presented for approval.

Mr. Niemann made a motion and seconded by Mr. Moody to approve the Audit of Bills as presented.

General Discussion - Voice Vote Motion Passed Unanimously

XI Next Meeting – Chair Moody set the next meeting date.

**Next Hospital Board Meeting set for
June 19, 2013 at 8:00am
MHLC Conference Room**

Ms. Chikowski asked for permission to bring in a close friend to Job Shadow, general discussions, no approval necessary, verbal ok.

XII Adjournment – Mr. Niemann made a motion and seconded by Mr. Boyle to adjourn the meeting.
Voice Vote Motion Passed Unanimously

Focus Statement

“Caring... Quality... Life... We take it Personally.”

Income Statement

For Period Ended May 31, 2013

5/31/2013	5/31/2012	% Chg PR YR	Budget	% Chg Budget	Revenue	YTD 2013	YTD 2012	% Chg	YTD Budget
					Inpatient Revenue				
\$ 152,524	\$ 135,824	12.3%	\$ 165,368	-7.8%	Routine Servs (Rtn, Swgbd, Nursing Proc)	\$ 837,382	\$ 762,557	7.0%	\$ 805,504
\$ 26,002	\$ 24,578	5.8%	\$ 26,070	-0.3%	Nursery, LDRP (Obstetrics)	\$ 79,617	\$ 113,160	-29.6%	\$ 126,985
\$ 7,248	\$ 10,244	-29.3%	\$ 12,057	-39.9%	Nursing Services (Med/Surg, Hlt Mnt-IP, ER Services)	\$ 51,943	\$ 57,240	-9.3%	\$ 58,729
\$ 86,001	\$ 86,662	-0.8%	\$ 38,047	126.0%	OR/ Recovery Rm/ Anesthesia	\$ 410,541	\$ 430,479	-4.6%	\$ 185,328
\$ 42,360	\$ 41,969	0.9%	\$ 59,595	-28.9%	Therapy/RT/ Rehab	\$ 268,587	\$ 262,568	2.3%	\$ 290,287
\$ 13,372	\$ 24,768	-46.0%	\$ 28,639	-53.3%	Radiology	\$ 96,260	\$ 143,496	-32.9%	\$ 139,499
\$ 33,881	\$ 36,723	-7.7%	\$ 51,105	-33.7%	Laboratory	\$ 163,849	\$ 155,364	5.5%	\$ 248,929
\$ 53,947	\$ 63,275	-14.7%	\$ 64,805	-16.8%	Pharmacy/IV	\$ 284,248	\$ 276,687	2.7%	\$ 315,661
\$ 415,335	\$ 424,043	-2.1%	\$ 445,686	-6.8%	Total Inpatient Revenue	\$ 2,192,428	\$ 2,221,551	-1.3%	\$ 2,170,922
					Outpatient Revenue				
\$ 114,131	\$ 53,926	111.6%	\$ 16,351	598.0%	Nursing Proc/Obsrv/Med Surg	\$ 410,635	\$ 205,132	100.2%	\$ 79,647
\$ 190,365	\$ 290,429	-34.5%	\$ 261,568	-27.2%	Amblytry Srgy/OR & Recvry/ Anesth	\$ 805,397	\$ 1,004,296	-19.8%	\$ 1,274,088
\$ 247,324	\$ 255,489	-3.2%	\$ 224,826	10.0%	ER/ Urgent Care/ Clinic/ Treatment Room	\$ 1,322,029	\$ 851,024	55.3%	\$ 1,095,120
\$ 141,821	\$ 144,256	-1.7%	\$ 135,248	4.9%	Therapy/RT/ Rehab	\$ 682,085	\$ 632,180	7.9%	\$ 658,791
\$ 301,240	\$ 324,073	-7.0%	\$ 346,318	-13.0%	Radiology	\$ 1,727,923	\$ 1,581,187	9.3%	\$ 1,686,902
\$ 166,474	\$ 174,762	-4.7%	\$ 184,914	-10.0%	Renal Dialysis	\$ 742,665	\$ 895,298	-17.0%	\$ 900,711
\$ 81,298	\$ 104,076	-21.9%	\$ 99,331	-18.2%	Laboratory	\$ 501,588	\$ 480,613	4.4%	\$ 483,836
\$ 52,177	\$ 71,309	-26.8%	\$ 54,640	-4.5%	Pharmacy/IV	\$ 247,752	\$ 258,719	-4.2%	\$ 266,149
\$ 1,294,831	\$ 1,418,320	-8.7%	\$ 1,323,196	-2.1%	Total Outpatient Revenue	\$ 6,440,073	\$ 5,908,449	9.0%	\$ 6,445,246
\$ 1,710,165	\$ 1,842,363	-7.2%	\$ 1,768,882	-3.3%	Gross Revenue from Services	\$ 8,632,501	\$ 8,129,999	6.2%	\$ 8,616,168
					Allowances				
\$ (204,976)	\$ (147,940)	38.6%	\$ (170,739)	20.1%	Medicare	\$ (1,004,647)	\$ (702,940)	42.9%	\$ (831,666)
\$ (142,568)	\$ (130,427)	9.3%	\$ (118,258)	20.6%	Dialysis	\$ (664,658)	\$ (578,514)	14.9%	\$ (576,031)
\$ (61,581)	\$ (22,145)	178.1%	\$ 14,867	-514.2%	Bad Debt Allowance	\$ (257,433)	\$ (97,875)	163.0%	\$ 72,418
\$ (85,922)	\$ (158,916)	-45.9%	\$ (109,905)	-21.8%	Medicaid	\$ (512,243)	\$ (451,518)	13.4%	\$ (535,342)
\$ (157,360)	\$ (159,604)	-1.4%	\$ (192,122)	-18.1%	Commercial (* Includes Undistributed Revenues)	\$ (698,651)	\$ (744,749)	-6.2%	\$ (935,822)
\$ (652,409)	\$ (619,033)	5.4%	\$ (576,157)	13.2%	May 31, 2013 Total Allowances	\$ (3,137,633)	\$ (2,575,596)	21.8%	\$ (2,806,443)
\$ 1,057,756	\$ 1,223,330	-13.5%	\$ 1,192,725	-11.3%	Net Revenue from Services	\$ 5,494,868	\$ 5,554,403	-1.1%	\$ 5,809,725

Profit and Loss Statement

Unaudited

Income Statement

For Period Ended May 31, 2013

5/31/2013	5/31/2012	% Chg PR YR	Budget	% Chg Budget	YTD 2013	YTD 2012	% Chg	YTD Budget	
Expenses									
Clinical Expenses									
\$ 117,950	\$ 95,700	23.2%	\$ 118,368	-0.4%	Med/ Surg/ Observation/ Hit Mntn/Swngbed	\$ 527,416	\$ 571,491	-7.7%	\$ 576,568
\$ 19,632	\$ 27,876	-29.6%	\$ 27,557	-28.8%	OB Nursery	\$ 78,008	\$ 119,657	-34.8%	\$ 134,229
\$ 105,541	\$ 80,390	31.3%	\$ 104,667	0.8%	OR Recovery/ASC/ Anesthesia	\$ 503,654	\$ 487,000	3.4%	\$ 509,829
\$ 166,255	\$ 174,443	-4.7%	\$ 165,673	0.4%	ER/Clinic / Treatment Room	\$ 802,168	\$ 561,802	42.8%	\$ 806,989
\$ 27,468	\$ 24,244	13.3%	\$ 25,411	8.1%	Renal Dialysis	\$ 127,094	\$ 129,177	-1.6%	\$ 123,777
\$ 149,968	\$ 143,633	4.4%	\$ 102,905	45.7%	Therapy/RT/ Rehab	\$ 542,025	\$ 484,063	12.0%	\$ 501,248
\$ 66,907	\$ 74,881	-10.6%	\$ 75,340	-11.2%	Lab	\$ 350,389	\$ 366,766	-4.5%	\$ 366,981
\$ 92,216	\$ 110,386	-16.5%	\$ 114,818	-19.7%	Radiology	\$ 509,297	\$ 549,078	-7.2%	\$ 559,275
\$ 39,229	\$ 28,185	39.2%	\$ 32,065	22.3%	Pharmacy	\$ 166,532	\$ 145,713	14.3%	\$ 156,189
\$ 785,167	\$ 759,738	3.3%	\$ 766,805	2.4%	Total Clinical Expenses	\$ 3,606,583	\$ 3,414,748	5.6%	\$ 3,735,084
Ancillary Services									
\$ 85,119	\$ 80,160	6.2%	\$ 88,046	-3.3%	Support Services(Dietary, Laundry, Plant Oper, Maint, Mat Mgmt)	\$ 438,478	\$ 401,148	9.3%	\$ 428,870
\$ 179,973	\$ 213,738	-15.8%	\$ 181,983	-1.1%	Other Services(Adm, Bus Off, Med Rec, Nur Adm, Telep/TV, Case Mgmt)	\$ 949,066	\$ 959,109	-1.0%	\$ 886,435
\$ 46,898	\$ 43,675	7.4%	\$ 46,288	1.3%	Depreciation Expense	\$ 203,392	\$ 225,916	-10.0%	\$ 225,466
\$ 2,152	\$ 2,291	-6.0%	\$ 2,500	-13.9%	Interest Exp - Dialysis	\$ 8,275	\$ 11,978	-30.9%	\$ 12,176
\$ 314,141	\$ 339,863	-7.6%	\$ 318,817	-1.5%	Total Ancillary Services	\$ 1,599,211	\$ 1,598,151	0.1%	\$ 1,552,947
\$ 1,099,308	\$ 1,099,601	0.0%	\$ 1,085,622	1.3%	Total Expenses	\$ 5,205,794	\$ 5,012,899	3.8%	\$ 5,288,031
\$ (41,552)	\$ 123,729	-133.6%	\$ 107,103	-138.8%	Income/ (Loss) from Services Performed	\$ 289,075	\$ 541,504	-46.6%	\$ 521,694

May 31, 2013

Profit and Loss Statement

Unaudited

Income Statement

For Period Ended May 31, 2013

5/31/2013	5/31/2012	% Chg PR YR	Budget	% Chg Budget	YTD 2013	YTD 2012	% Chg	YTD Budget
Other Income / (Expenses)								
\$ 3,853	\$ 3,260	18.2%	\$ 3,408	13.0%	\$ 17,429	\$ 16,284	7.0%	\$ 16,603
\$ (11,451)	\$ (9,907)	15.6%	\$ (10,036)	14.1%	\$ (50,956)	\$ (48,195)	5.7%	\$ (48,886)
\$ 8,732	\$ 24,560	-64.4%	\$ 13,631	-35.9%	\$ 42,581	\$ 150,779	-71.8%	\$ 66,396
\$ -	\$ -	#DIV/0!	\$ (559)	0.0%	\$ -	\$ -	#DIV/0!	\$ (2,724)
\$ -	\$ -				\$ -	\$ -		\$ -
Total Other Income / (Expenses) from Operations								
\$ 1,134	\$ 17,913	-93.7%	\$ 6,444	-82.4%	\$ 9,054	\$ 118,868	-92.4%	\$ 31,388
\$ (40,418)	\$ 141,642	-128.5%	\$ 113,547	-135.6%	\$ 298,129	\$ 660,372	-54.9%	\$ 563,082
Total Income/(Loss)								
\$ (66,502)	\$ 123,467		\$ 86,962		\$ 167,708	\$ 569,495		\$ 423,590
Net Income/(Loss) after Transfer to County Fund								
\$ (66,502)	\$ 123,467		\$ 86,962		\$ 167,708	\$ 569,495		\$ 423,590
Operating Percentage								
-2.430%	6.716%		6.055%		3.349%	6.661%		6.055%

May 31, 2013

Profit and Loss Statement

Unaudited

Dept Profit/(Loss)

For Period Ended 5-31-2013

May 2012 YTD				May 2013 YTD				May 2013 YTD Budget				
Revenue	Expenses	Profit/(Loss)	Profit %	Department / Description	Revenue	Expenses	Profit/(Loss)	Profit %	Revenue	Expenses	Profit/(Loss)	Profit %
\$ 1,044,928	\$ 571,491	\$ 473,437	45%	Routine Services, Med/Surg, OBS, SWB, Nursing Procedures Nursery, LDRP (Obstetrics) ER, Urgent Care, Treatment Rm, Clinic OR, ASC, Recovery Rm, Anesthesia Therapy/RT/ Rehab Renal Dialysis Radiology Laboratory Pharmacy/IV	\$ 1,299,961	\$ 527,416	\$ 772,545	59%	\$ 943,881	\$ 576,568	\$ 367,313	39%
\$ 113,160	\$ 119,657	\$ (6,497)	-5%		\$ 79,617	\$ 78,008	\$ 1,609	2%	\$ 126,985	\$ 134,229	\$ (7,244)	-6%
\$ 851,024	\$ 561,802	\$ 289,222	34%		\$ 1,322,029	\$ 802,168	\$ 519,860	39%	\$ 1,095,120	\$ 806,989	\$ 288,132	26%
\$ 1,434,775	\$ 487,000	\$ 947,774	66%		\$ 1,215,938	\$ 503,654	\$ 712,284	59%	\$ 1,459,416	\$ 509,829	\$ 949,586	65%
\$ 894,748	\$ 484,053	\$ 410,685	46%		\$ 950,672	\$ 542,025	\$ 408,647	43%	\$ 949,077	\$ 501,248	\$ 447,830	47%
\$ 895,298	\$ 129,177	\$ 766,121	86%		\$ 742,665	\$ 127,094	\$ 615,571	83%	\$ 900,711	\$ 123,777	\$ 776,935	86%
\$ 1,724,683	\$ 549,078	\$ 1,175,605	68%		\$ 1,824,183	\$ 509,297	\$ 1,314,886	72%	\$ 1,826,401	\$ 559,275	\$ 1,267,126	69%
\$ 635,977	\$ 366,766	\$ 269,211	42%		\$ 665,437	\$ 350,389	\$ 315,048	47%	\$ 732,765	\$ 366,981	\$ 365,784	50%
\$ 535,406	\$ 145,713	\$ 389,693	73%		\$ 532,000	\$ 166,532	\$ 365,468	69%	\$ 581,811	\$ 156,189	\$ 425,622	73%
\$ 8,129,999	\$ 3,414,748	\$ 4,715,251	58%	Dept Totals	\$ 8,632,501	\$ 3,606,583	\$ 5,025,918	58%	\$ 8,616,168	\$ 3,735,084	\$ 4,881,084	57%
\$ (2,575,596)		\$ (2,575,596)		Allowances	\$ (3,137,633)		\$ (3,137,633)		\$ (2,806,443)		\$ (2,806,443)	
\$ 5,554,403	\$ 3,414,748	\$ 2,139,655	39%	Subtotal before Ancillary & Other	\$ 5,494,868	\$ 3,606,583	\$ 1,888,285	34%	\$ 5,809,725	\$ 3,735,084	\$ 2,074,641	36%
	\$ 401,148	\$ (401,148)		Ancillary Services & Other		\$ 438,478	\$ (438,478)			\$ 428,870	\$ (428,870)	
	\$ 959,109	\$ (959,109)		Support Services(Dietary, Laundry, Plant Oper, Maint, Mat Mgmt)		\$ 949,066	\$ (949,066)			\$ 886,435	\$ (886,435)	
	\$ 225,916	\$ (225,916)		Other Services(Adm, Bus Off, Med Rec, Nur Adm, Telep/TV, Case Mgmt)		\$ 203,392	\$ (203,392)			\$ 225,466	\$ (225,466)	
	\$ 11,978	\$ (11,978)		Depreciation Expense		\$ 8,275	\$ (8,275)			\$ 12,176	\$ (12,176)	
	\$ -	\$ -		Interest Exp - Dialysis		\$ -	\$ -			\$ -	\$ -	
	\$ -	\$ -		Bad Debt Expense		\$ -	\$ -			\$ -	\$ -	
\$ 16,284	\$ 48,195	\$ (48,195)		Community Outreach Inc(Med Alerts)	\$ 17,429	\$ 50,956	\$ (17,429)		\$ 16,603	\$ 48,886	\$ (16,603)	
\$ 150,779	\$ 150,779	\$ -		Community Outreach Expenses	\$ 42,581	\$ 42,581	\$ -		\$ 66,396	\$ 2,724	\$ (2,724)	
	\$ -	\$ -		Other Grants & Dietary Revenue		\$ -	\$ -			\$ -	\$ -	
	\$ -	\$ -		Other Expenses- Grants		\$ -	\$ -			\$ -	\$ -	
	\$ -	\$ -		Gain/(Loss) on Disposal		\$ -	\$ -			\$ -	\$ -	
\$ 5,721,466	\$ 5,061,094	\$ 660,372	12%	Net Income/(Loss) Before Transfer	\$ 5,554,878	\$ 5,256,749	\$ 298,129	5%	\$ 5,892,723	\$ 5,339,641	\$ 553,082	9%
\$ (90,877)		\$ (90,877)		Transfers From/(To) General Fund	\$ (130,420)		\$ (130,420)		\$ (129,491)		\$ (129,491)	
				Net Income/(Loss) after Transfer to County Fund			\$ 167,709				\$ 423,590	

Dept. Profit/(Loss) Statement

Unaudited

Balance Sheet

For Period Ended May 31, 2013

PRIOR YEAR
CURRENT YEAR

2 Months Prior
1 Month Prior

ASSETS		TOTAL ASSETS		7,995,470	8,239,148
CURRENT ASSETS		CURRENT ASSETS		531,753	1,365,916
CASH AND CASH EQUIVALENTS		CASH AND CASH EQUIVALENTS		889,124	1,365,916
(19,519)		ACOUNTS RECEIVABLE		2,644,103	2,947,758
3,174,879		RESERVE FOR DOUBTFUL ACCOUNTS		(962,699)	(884,426)
(908,196)		DUE FROM OTHER GOVT-STATE		-	-
-		ADVANCES TO CGS		-	-
-		INVENTORY		401,255	404,078
433,238		PREPAID EXPENSE		116,225	216,207
181,028		TOTAL CURRENT ASSETS		3,774,658	4,049,533
2,861,430		RESTRICTED ASSETS		-	-
-		DEBT SERVICE PREPAYMENT		-	-
-		VOLUNTEER CONTRIBUTION		-	-
-		VOLUNTEER OFF-SET		-	-
-		CAPITAL ASSETS		10,684,701	10,700,369
10,548,529		PROPERTY, PLANT & EQUIPMENT		(6,463,888)	(6,510,754)
(6,110,334)		LESS: ACCUMULATED DEPRECIATION		4,220,813	4,189,615
4,438,195		NET CAPITAL ASSETS		7,995,470	8,239,148
7,299,624		TOTAL LIABILITIES AND FUND EQUITY		7,995,470	8,239,148
7,368,547		TOTAL LIABILITIES AND FUND EQUITY		7,995,470	8,239,148
CURRENT LIABILITIES		CURRENT LIABILITIES		345,302	418,045
ACCOUNTS PAYABLE		ACCOUNTS PAYABLE		226,050	226,786
CURRENT PORTION OF LONG TERM DEBT		CURRENT PORTION OF LONG TERM DEBT		-	192,332
ACCRUED SALARIES AND PAYROLL		ACCRUED SALARIES AND PAYROLL		237,786	262,190
ACCRUED VACATION		ACCRUED VACATION		15,544	60,949
RETIREE CURRENT VESTED BENEFIT		RETIREE CURRENT VESTED BENEFIT		-	-
ACCRUED INTEREST		ACCRUED INTEREST		-	-
DEFERRED REVENUE		DEFERRED REVENUE		-	-
DUE TO/(FROM) MEDICARE/MEDICAID		DUE TO/(FROM) MEDICARE/MEDICAID		250,000	250,000
OTHER CURRENT LIABILITIES		OTHER CURRENT LIABILITIES		-	-
780,956		TOTAL CURRENT LIABILITIES		1,074,682	1,410,301
LONG TERM LIABILITIES		LONG TERM LIABILITIES		297,686	278,418
LONG TERM DEBT - 05 \$1M		LONG TERM DEBT - 05 \$1M		-	-
DUE TO GENERAL FUND (re model \$1.7)		DUE TO GENERAL FUND (re model \$1.7)		415,110	424,425
VESTED BENEFITS-SICK LEAVE		VESTED BENEFITS-SICK LEAVE		712,796	702,843
1,005,078		TOTAL LONG TERM LIABILITIES		4,324,381	4,315,275
FUND EQUITY		FUND EQUITY		1,772,092	1,699,210
DESIGNATED RESERVES		DESIGNATED RESERVES		111,518	111,518
UNDESIGNATED RESERVES		UNDESIGNATED RESERVES		4,324,381	4,315,275
CONTRIBUTED CAPITAL		CONTRIBUTED CAPITAL		-	-
RESTRICTED RESERVES-DEBT SERVICE		RESTRICTED RESERVES-DEBT SERVICE		-	-